

**SPECIAL BULLETIN**  
**(Distribution: All Provider Types)**  
**Vol. 23, No. 7**  
**February 7, 2001**



# **Missouri MEDICAID Bulletin**



[www.dss.state.mo.us/dms](http://www.dss.state.mo.us/dms)

**INDEX**

**PAGE**

NEW MEDICAL NECESSITY FORM .....	1
MC+ MANAGED CARE HEALTH PLANS .....	1
ICD-9 DIAGNOSIS CODE CHANGES .....	1

---

**NEW MEDICAL NECESSITY FORM**

---

The Certificate of Medical Necessity Form has been revised. Effective November 1, 2000, Missouri Medicaid will begin accepting the new form. The old forms will no longer be accepted after March 1, 2001. A copy of the new form is attached. Providers can order the new forms by contacting the Provider Relations Hotline at 1-800-392-0938 or by completing the attached order form. A Certificate of Medical Necessity Form is required any time services exceed policy limitations or specific policy documentation is required. Information on the form supports the need for services. If additional space is needed to report necessary information, please attach additional pages to the form.

---

**MC+ MANAGED CARE HEALTH PLANS**

---

These policies apply to MC+ and Medicaid Fee for Service Providers only. MC+ Managed Care Health Plans are responsible for these services for their members in accordance with MC+ Managed Care Contracts.

---

**ICD-9-CM DIAGNOSIS CODE CHANGES**

---

A number of diagnosis codes have been identified as new, revised, or invalid as published in the Federal Register, Volume 65, Number 148, dated August 1, 2000. These new, revised, or invalid diagnosis codes are effective for all dates of services beginning October 1, 2000. There will be a 90-day grace period between October 1, 2000, and January 1, 2001, during which claims may be submitted with the 1999/2000 and the 2001 ICD-9-CM code versions. However, claims received on or after January 1, 2001 must include the latest version (2001) of the ICD-9-CM codes.

---

**NEW DIAGNOSIS CODES**

---

<u>Diagnosis Code</u>	<u>Description</u>
007.5	Cyclosporiasis
082.40	Unspecified ehrlichiosis
082.41	Ehrlichiosis Chafiensis (E. Chafiensis)
082.49	Other ehrlichiosis
285.21	Anemia in end-stage renal disease
285.22	Anemia in neoplastic disease
285.29	Anemia of other chronic illness
294.10	Dementia in conditions classified elsewhere without behavioral disturbance

---

**NEW DIAGNOSIS CODES (Cont.)**

---

<u>Diagnosis Code</u>	<u>Description</u>
294.11	Dementia in conditions classified elsewhere with behavioral disturbance
372.81	Conjunctivochalasis
372.89	Other disorders of conjunctiva
477.1	Allergic rhinitis, due to food
493.02	Extrinsic asthma, with acute exacerbation
493.12	Intrinsic asthma, with acute exacerbation
493.22	Chronic obstructive asthma, with acute exacerbation
493.92	Unspecified asthma, with acute exacerbation
494.0	Bronchiectasis without acute exacerbation
494.1	Bronchiectasis with acute exacerbation
558.3	Allergic gastroenteritis and colitis
600.0	Hypertrophy (benign) of prostate
600.1	Nodular prostate
600.2	Benign localized hyperplasia of prostate
600.3	Cyst of prostate
600.9	Unspecified hyperplasia of prostate
645.10	Post term pregnancy, unspecified as to episode of care or not applicable
645.11	Post term pregnancy, delivered, with or without mention of antepartum condition.
645.13	Post term pregnancy, antepartum condition or complication
645.20	Prolonged pregnancy, unspecified as to episode of care or not applicable
645.21	Prolonged pregnancy, delivered, with or without mention of antepartum condition
645.23	Prolonged pregnancy, antepartum condition or complication
692.75	Disseminated superficial actinic porokeratosis (DSAP)
707.10	Unspecified ulcer of lower limb
707.11	Ulcer of thigh
707.12	Ulcer of calf
707.13	Ulcer of ankle
707.14	Ulcer of heel and mid-foot
707.15	Ulcer of other part of foot
707.19	Ulcer of other part of lower limb
727.83	Plica syndrome
781.91	Loss of height
781.92	Abnormal posture
781.99	Other symptoms involving nervous and musculoskeletal systems

<u>Diagnosis Code</u>	<u>Description</u>
783.21	Loss of weight
783.22	Underweight
783.40	Unspecified lack of normal physiological development
783.41	Failure to thrive
783.42	Delayed milestones
783.43	Short stature
783.7	Adult failure to thrive
790.01	Precipitous drop in hematocrit
790.09	Other abnormality of red blood cells
792.5	Cloudy (hemodialysis) (peritoneal) dialysis effluent
995.7	Other adverse food reactions, not elsewhere classified
996.87	Complications of transplanted organ, intestine
V15.01	Allergy to peanuts
V15.02	Allergy to milk products
V15.03	Allergy to eggs
V15.04	Allergy to seafood
V15.05	Allergy to other foods
V15.06	Allergy to insects
V15.07	Allergy to latex
V15.08	Allergy to radiographic dye
V15.09	Other allergy, other than to medicinal agents
V21.30	Unspecified low birth weight status
V21.31	Low birth weight status, less than 500 grams
V21.32	Low birth weight status, 500-999 grams
V21.33	Low birth weight status, 1000-1499 grams
V21.34	Low birth weight status, 1500-1999 grams
V21.35	Low birth weight status, 2000-2500 grams
*V26.21	Fertility testing
*V26.22	Aftercare following sterilization reversal
*V26.29	Other investigation and testing
V42.84	Organ or tissue replaced by transplant, intestines
V45.74	Acquired absence of organ, other parts of urinary tract
V45.75	Acquired absence of organ, stomach
V45.76	Acquired absence of organ, lung
V45.77	Acquired absence of organ, genital organs
V45.78	Acquired absence of organ, eye
V45.79	Other acquired absence of organ
V49.81	Postmenopausal status (age-related) (natural)
V49.89	Other specified conditions influencing health status

<u>Diagnosis Code</u>	<u>Description</u>
V56.31	Encounter for adequacy testing for hemodialysis
V56.32	Encounter for adequacy testing for peritoneal dialysis
V58.83	Encounter for therapeutic drug monitoring
V67.00	Follow-up examination, following unspecified surgery
V67.01	Following surgery, follow-up vaginal pap smear
V67.09	Follow-up examination, following other surgery
V71.81	Observation for suspected abuse and neglect
V71.89	Observation for other specified suspected conditions
V76.46	Special screening for malignant neoplasms, ovary
V76.47	Special screening for malignant neoplasms, vagina
V76.50	Special screening for malignant neoplasms, unspecified intestine
V76.51	Special screening for malignant neoplasms, colon
V76.52	Special screening for malignant neoplasms, small intestine
V76.81	Special screening for malignant neoplasms, nervous system
V76.89	Special screening for other malignant neoplasm
V77.91	Screening for lipid disorders
V77.99	Other and unspecified endocrine, nutritional, metabolic, and immunity disorders
V82.81	Special screening for osteoporosis
V82.89	Special screening for other specified conditions

---

**REVISED CODES**

---

<u>Diagnosis Code</u>	<u>Description</u>
564.1	Irritable bowel syndrome
V26.3	Genetic counseling and testing
V76.49	Special screening for malignant, other sites

---

**INVALID DIAGNOSIS CODES**

---

<u>Diagnosis Code</u>	<u>Description</u>
294.1	Dementia in conditions classified elsewhere
372.8	Other disorders of conjunctiva
494	Bronchiectasis
600	Hyperplasia of prostate

---

**INVALID DIAGNOSIS CODES (Cont.)**

---

<u>Diagnosis Code</u>	<u>Description</u>
645.00	Prolonged pregnancy, unspecified as to episode of care or not applicable
645.01	Prolonged pregnancy, delivered, with or without mention of antepartum condition
645.03	Prolonged pregnancy, antepartum condition or complication
707.1	Ulcer of lower limb, except decubitus
781.9	Other symptoms involving nervous and musculoskeletal systems
783.2	Abnormal loss of weight
783.4	Lack of expected normal physiological development
790.0	Abnormality of red blood cells
V15.0	Allergy, other than to medicinal agents
V26.2	Investigation and testing
V49.8	Other specified problems influencing health status
V67.0	Follow-up examination following surgery
V71.8	Observation for other specified suspected conditions
V76.8	Special screening for malignant neoplasms, other neoplasm
V77.9	Other and unspecified endocrine, nutritional, metabolic, and immunity disorders
V82.8	Special screening for other specified conditions

\* These codes are inactive because they are non-covered services through Missouri Medicaid.

## INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF MEDICAL NECESSITY

1. **Patient Name:** Enter last name, first name, and middle initial as shown on the recipients medicaid card.
2. **Medicaid ID Number:** Enter the 8-digit Medicaid or MC+ ID number exactly as it appears on the recipient's ID card or county letter of eligibility.
3. **Procedure/Revenue Code:** Enter the appropriate CPT-4 procedure code, special HCPCS procedure code or revenue code from the Medicaid provider manual.
4. **Description of Item/Service:** Describe in detail the service or equipment being provided. (Include brand name, model number, accessories, and components, if applicable.) If additional space is needed to report necessary information, please attach additional pages.
5. **Reason for Item/Service/Equipment/Supplies:** State clearly the medical necessity for this service. If additional space is needed to report necessary information, please attach additional pages.

*Please note: Up to 6 items can be listed on the Certificate of Medical Necessity Form (line 1-6)*

6. **Estimate in Months the Need for Equipment:** Enter the number of months the equipment is necessary (**Durable Medical Equipment Program only**).
7. **Attending/Prescribing Physician Name:** The prescribing physician's signature, when required, must be an original signature. A stamp, facsimile, or the signature of a physician's employee is not acceptable. A signature is not required here if the physician is the provider (Fields #12 thru #14).
8. **Attending/Prescribing Physician Medicaid Provider Number:** Enter the 9 digit Medicaid provider number if the physician participates in the Medicaid Program.
9. **Date Prescribed:** Enter the date the service or equipment was prescribed in month/day/year numeric format, if applicable.
10. **Diagnosis:** Fully describe the condition that prompted the request for this service or equipment.
11. **Prognosis:** Enter the recipient's prognosis and anticipated result of the requested service.
- 12/13. **Provider Name and Address and Medicaid Number:** Enter provider's name, address, telephone number and Medicaid provider number, or use provider label.
14. **Provider Signature:** The provider must sign here with an original signature. This certifies that the information given on the form is true, accurate and complete.